U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U = 6930	2. Fiscal Year Covered From:	
7	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filling.	4. Name, file number, and address of labor organization.	
Name HAROLD V WALDEN	Name INTERNATIONAL LONGSHROEMEN'S ASS'N LOCAL 1526	
Extractorer accesses of amountain mention motion relations in the manifest and access to the contraction of	Labor Organization File Number 024-546	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 440 NW 6TH STREET	Street 440 NW 6TH STREET	
City FT LAUDERDALE	City FT LAUDERDALE	
State Florida ZIP Code + 4 333311	State Florida ZIP Code + 4 33311	
5. Position in labor organization. VICE PRESIDENT		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of ion represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City	The second secon	
	венен соверене на пределение на пределение на пределение на пред на пред на пред на пред на пред на пред на пр	
State ZIP Code + 4		
Local Commence Control Commence Control Commence	nature	
Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the	
Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the	

Name of Person Filing HAROLD WALDEN	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Control of the C	[
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street	G. Ellipioyel		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:		Total Control	
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.	Statement and the state of the	
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name ARTY, COHN, FEUER C.P.A.'s	CHRISTMAS GIFT		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 1150 NW 72nd AVENUE, SUITE 760			
City MIAMI			
State Florida ZIP Code + 4 33126			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$35	